

RESP RECEIVED

AUG 26 2009

FirstCo Inc.
455 South Blue Grass Rd.
Walcott IA 52773
Phone: 563-284-5110
Fax: 563-284-4260

Date: August 14, 2009

To: Gary R. Witkowski

U.S. EPA Region 7

Federal Building

210 Walnut Street, Room 473

Des Moines IA 50309-2109

RECEIVED

AUG 17 2009

ARCM/ENSV

An audit was conducted at the FirstCo Inc Walcott Ia. location on 7/29/09 by William Starks and John Dixon. Two preliminary findings were identified.

1. Failed to label two used oil storage containers with the words "used oil." 40 CFR 279.22 c. We have corrected this condition by labeling all waste oils as "used oil". See attachment A for evidence of correction.
2. Failed to make a hazardous waste determination on waste in parts washer unit. An environmental management agency was contracted to remove waste in parts washer and to clean the parts washer. Attachment B shows evidence that the parts washer has been cleaned. Attachment C shows evidence of the service call completed by Safety Kleen on the parts washer. FirstCo Inc. has elected to remove the parts washer from the maintenance department.



Trevor Thompson

General Manager FirstCo Inc.

563-284-5110

RCRA



527210

NOTICE OF PRELIMINARY FINDINGS

FACILITY NAME: Firstco Inc.
ADDRESS: 455 S. Blue Grass Road
Walcott, IA 52773
EPA ID NUMBER: None DATE: 07/29/2009

NOTICE: I am not an employee of the Environmental Protection Agency ("EPA"). I am a contractor for EPA retained to conduct compliance evaluation inspections. The following is a list of observations/recommendations found during this inspection which will be reported back to EPA. This is not to be construed as a complete list of observations/recommendations. The EPA will be evaluating the report prepared as a result of this inspection and making the determinations as to what violations may have occurred at your facility.

1. Failed to label 2 used oil storage containers with the words
"used oil." 40 CFR 279.22 (c).
2. Failed to make a hazardous waste determination on waste in
parts washer unit.
3. _____
4. _____
5. _____
6. _____
7. _____

If you have any questions regarding these findings please contact Mr. Gary W. Hovskov, USEPA

The undersigned person hereby acknowledges receipt of a copy of this document and has read the same.

PRINTED NAME: Thorn Thompson TITLE: GENERAL MGR
SIGNATURE: TH

This document was prepared by John D. Dixon John D. Dixon

ATTACHMENT A



ATTACHMENT B



CUSTOMER NO.

GENERATOR

0	0	0	3	-	3	9	0	1	-	0	6
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FIRSTED, INC.

455 SOUTH BLUE GRASS RD
WALCOTT IA 52773

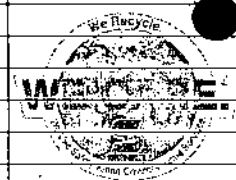
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ATTACHMENT C

TO

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER		
503-386-3024	CHRIS JEVYAK	10/03/09	09-32	00	P0021445A7		
ATTACHMENT C			CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS		
			CUSTOMER SEGMENT	CHAIN	OUTER COUNTRY	SVC. P/C	PROD. PA
			09	0000	NO	3303	3403
			LOCATION		TAX EXEMPTION NO.		
			504701				

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	DATE EQPT/PROD ORDERED	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
8/13/08	028330		563-284-5110	15-410-0745	PW	.07	.07	.07

[illegible]

TOTAL SERVICE/PRODUCTS				53.50		CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.			MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
TXR000050930						LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER	5153035	5153035
	1	DM	3	G	717		✓

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.

☐ D TO 220 LBS./MONTH

☒ 220 LBS. TO 2,200 LBS./MONTH

☐ GREATER THAN 2,200 LBS./MONTH

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED
EITHER IN THE CHARACTERISTICS OF THE WASTE
MATERIALS OR IN THE PROCESS GENERATING THE
WASTE MATERIALS.

ED	USA EPA ID NO
TE	STATE ID NO.
HE	

PAYMENT RECEIVED NOV 19 1994	CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:	
	CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$		
	PREVIOUS CREDIT CARD NO					

MANIFEST NO.	
XXXXXX	
LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
	1 D

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name Donnie Rock

By: [Signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	53.50

DO NOT WRITE IN THE AREA BELOW

0002144547
0003-3901-06 -5

SERVICE AND SALES ACKNOWLEDGMENT

**IN THE EVENT OF AN
EMERGENCY CALL**